

INQUIRY/COMPLAINT FORM

The purpose of this form is to submit an inquiry or a complaint to AIC about the collection, retention or use of your personal information that is held by AIC. Please complete the following form and return it to the Membership and Subscription Coordinator at AIC.

General Information

Please provide your contact information so that AIC can contact you about your inquiry or complaint:

Surname First Name

Apt Number Number & Street Address City Postal Code

Telephone No.: () _____

Fax No.: () _____ E-mail: _____

Inquiry/Complaint Information

Please check off one of the following boxes:

I am filing an inquiry about my personal information at AIC

I am filing a complaint about my personal information at AIC

Please provide details about your inquiry or complaint:

Please provide your signature to indicate to AIC that you have completed this form with accurate information. By completing, signing and submitting this form, you are giving your consent for the AIC to review your personal information that is held at the AIC and contact you with the information.

Signature

Date